

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DIVISION OF MEDICAL QUALITY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation     )  
Against:                                 )  
  )  
  )  
Khosro Vahid, M.D.                     )  
Certificate No. A-42627               )  
  )  
Respondent.                            )  
  )  
\_\_\_\_\_)

No. 18-92-16884

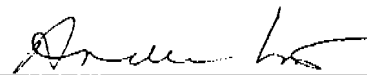
DECISION

The attached Stipulation Settlement and Disciplinary Order in case number 18-92-16884 is hereby adopted by the Division of Medical Quality of the Medical Board of California as its decision in the above entitled matter.

This Decision shall become effective on April 23, 1997.

IT IS SO ORDERED March 24, 1997.

DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA

By   
ANABEL ANDERSON IMBERT, M.D.  
President

DANIEL E. LUNGREN, Attorney General  
of the State of California  
KAREN B. CHAPPELLE,  
Deputy Attorney General, State Bar No. 141267  
California Department of Justice  
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Los Angeles, California 90013  
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Attorneys for Complainant

BEFORE THE  
DIVISION OF MEDICAL QUALITY  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation	)	Case No. 18-92-16884
Against:	)	
	)	OAH No. L-9608212
KHOSRO VAHID	)	
201 N. Kenter	)	<b>STIPULATED SETTLEMENT</b>
Los Angeles, California 90049	)	<b>AND</b>
	)	<b>DISCIPLINARY ORDER</b>
Physician and Surgeon No. A 42627,	)	
Physician Assistant Supervisor No.	)	
SA 22986	)	
Respondent.	)	

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

1. An Accusation in case number 18-92-16884, OAH No. L-9608212, was filed with the Division of Medical Quality, of the Medical Board of California Department of Consumer Affairs (the "Division") on July 31, 1996, and is currently pending against Khosro Vahid (the "respondent").

2. The Accusation, together with all statutorily required documents, was duly served on the respondent on or about

1 July 31, 1996, and respondent filed his Notice of Defense  
2 contesting the Accusation on or about August 9, 1996. A copy of  
3 Accusation No. 18-92-16884 is attached as Exhibit "A" and hereby  
4 incorporated by reference as if fully set forth.

5 3. The Complainant, Ron Joseph, is the Executive  
6 Director of the Medical Board of California and brought this  
7 action solely in his official capacity. The Complainant is  
8 represented by the Attorney General of California, Daniel E.  
9 Lungren, by and through Deputy Attorney General Karen B.  
10 Chappelle.

11 4. The respondent is represented in this matter by  
12 Robert Gans, Esq., whose address is 433 N. Camden Drive, Suite  
13 600, Beverly Hills, California 90210.

14 5. The respondent and his attorney have fully  
15 discussed the charges contained in Accusation Number 18-92-16884,  
16 OAH No.L-9608212, and the respondent has been fully advised  
17 regarding his legal rights and the effects of this stipulation.

18 6. At all times relevant herein, respondent has been  
19 licensed by the Medical Board of California under Physician and  
20 Surgeon No. A 42627. Respondent is a supervisor of a physician  
21 assistant, Physician Assistant License No. SA 22986.

22 7. Respondent understands the nature of the charges  
23 alleged in the Accusation and that, if proven at hearing, the  
24 charges and allegations would constitute cause for imposing  
25 discipline upon his Physician's and Surgeon's certificate.  
26 Respondent is fully aware of his right to a hearing on the  
27 charges contained in the Accusation, his right to confront and

1 cross-examine witnesses against him, his right to the use of  
2 subpoenas to compel the attendance of witnesses and the  
3 production of documents in both defense and mitigation of the  
4 charges, his right to reconsideration, appeal and any and all  
5 other rights accorded by the California Administrative Procedure  
6 Act and other applicable laws. Respondent knowingly, voluntarily  
7 and irrevocably waives and give up each of these rights.

8           8. Respondent denies the allegations contained in the  
9 Accusation No. 18-92-16884, OAH No. L-9608212, and agrees that if  
10 the allegations are proven true, respondent has thereby subjected  
11 his Physician's and Surgeon's certificate to disciplinary action.  
12 Respondent agrees to be bound by the Division's Disciplinary  
13 Order as set forth below.

14           9. Based on the foregoing admissions and stipulated  
15 matters, the parties agree that the Division shall, without  
16 further notice or formal proceeding, issue and enter the  
17 following order:

18  
19                           **DISCIPLINARY ORDER**

20           IT IS HEREBY ORDERED that Physician and Surgeon number  
21 A 42627 issued to Khosro Vahid is revoked. However, the  
22 revocation is stayed and respondent is placed on probation for  
23 three years on the following terms and conditions.

1  
2                   1. RELINQUISHMENT OF PHYSICIAN ASSISTANT SUPERVISOR  
3                   CERTIFICATE

4                   Within 15 days from the effective date of this  
5 decision, respondent shall relinquish Physician Assistant  
6 Supervisor Certificate No. SA 22986 to the Board, and shall not  
7 engage in any form of Physician Assistant Supervision forthwith.  
8

9                   2.     COMMUNITY SERVICES - FREE SERVICES  
10

11 After successful completion of the oral clinical examination,  
12 respondent shall submit to the Division or its designee for its  
13 prior approval a community service program in which respondent  
14 shall provide free medical services on a regular basis to a  
15 community or charitable facility or agency for at least 20 hours  
16 a month for the first six months of probation.

17                   3.     EDUCATION COURSE  
18

19                   Within 90 days from the effective date of this  
20 decision, and on an annual basis thereafter, respondent shall  
21 submit to the Division or its designee for its prior approval an  
22 educational program or course to be designated by the Division,  
23 which shall not be less than 40 hours per year, for each year of  
24 probation. This program shall be in addition to the Continuing  
25 Medical Education requirements for re-licensure. Following the  
26 completion of each course, the Division or its designee may  
27 administer an examination to test respondent's knowledge of the

1 course. Respondent shall provide proof of attendance for 65  
2 hours of continuing medical education of which 40 hours were in  
3 satisfaction of this condition and were approved in advance by  
4 the Division or its designee.

5           4.    **ETHICS COURSE**

6           Within 60 days of the effective date of this decision,  
7 respondent shall enroll in a course in Ethics approved in advance  
8 by the Division or its designee, and shall successfully complete  
9 the course during the first year of probation.

10  
11           5.    **ORAL CLINICAL OR WRITTEN EXAM**

12           Respondent shall take and pass an oral clinical exam,  
13 pursuant to Business and Professions Code section 2293, in the  
14 subject matter of pediatrics administered by the Division, or its  
15 designee. This examination shall be taken within 90 days after  
16 the effective date of this decision. If respondent fails the  
17 first examination, respondent shall be allowed to take and  
18 pass a second examination, which may consist of a written as well  
19 as an oral examination. The waiting period between the first and  
20 second examinations shall be at least three months. If  
21 respondent fails to pass the first and second examinations,  
22 respondent may take a third and final examination after waiting a  
23 period of one year. Failure to pass the oral clinical  
24 examination within 18 months after the effective date of this  
25 decision shall constitute a violation of probation. The  
26 respondent shall pay the costs of all examinations.

1  
2 If respondent fails to pass the first examination,  
3 respondent shall be suspended from the practice of medicine until  
4 a repeat examination has been successfully passed, as evidenced  
5 by written notice to respondent from the Division or its  
6 designee.

7 **6. OBEY ALL LAWS**

8 Respondent shall obey all federal, state and local  
9 laws, all rules governing the practice of medicine in California,  
10 and remain in full compliance with any court ordered criminal  
11 probation, payments and other orders.

12 **7. QUARTERLY REPORTS**

13 Respondent shall submit quarterly declarations under  
14 penalty of perjury on forms provided by the Division, stating  
15 whether there has been compliance with all the conditions of  
16 probation.

17 **8. PROBATION SURVEILLANCE PROGRAM COMPLIANCE**

18 Respondent shall comply with the Division's probation  
19 surveillance program. Respondent shall, at all times, keep the  
20 Division informed of his or her addresses of business and  
21 residence which shall both serve as addresses of record. Changes  
22 of such addresses shall be immediately communicated in writing to  
23 the Division. Under no circumstances shall a post office box  
24 serve as an address of record.

25 Respondent shall also immediately inform the Division,  
26 in writing, of any travel to any areas outside the jurisdiction  
27 of California which lasts, or is contemplated to last, more than

1 thirty (30) days.

2 9. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
3 DESIGNATED PHYSICIAN(S)

4 Respondent shall appear in person for interviews with  
5 the Division, its designee or its designated physician(s) upon  
6 request at various intervals and with reasonable notice.

7 10. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR  
8 IN-STATE NON-PRACTICE

9 In the event respondent should leave California to  
10 reside or to practice outside the State or for any reason should  
11 respondent stop practicing medicine in California, respondent  
12 shall notify the Division or its designee in writing within ten  
13 days of the dates of departure and return or the dates of non-  
14 practice within California. Non-practice is defined as any  
15 period of time exceeding thirty days in which respondent is not  
16 engaging in any activities defined in Sections 2051 and 2052 of  
17 the Business and Professions Code. All time spent in an  
18 intensive training program approved by the Division or its  
19 designee shall be considered as time spent in the practice of  
20 medicine. Periods of temporary or permanent residence or  
21 practice outside California or of non-practice within California,  
22 as defined in this condition, will not apply to the reduction of  
23 the probationary period.

24 11. COMPLETION OF PROBATION

25 Upon successful completion of probation, respondent's  
26 certificate shall be fully restored.  
27



1                   12.    VIOLATION OF PROBATION

2                   If respondent violates probation in any respect, the  
3 Division, after giving respondent notice and the opportunity to  
4 be heard, may revoke probation and carry out the disciplinary  
5 order that was stayed. If an accusation or petition to revoke  
6 probation is filed against respondent during probation, the  
7 Division shall have continuing jurisdiction until the matter is  
8 final, and the period of probation shall be extended until the  
9 matter is final.

10                   13.    COST RECOVERY

11                   The respondent is hereby ordered to reimburse the  
12 Division the amount of \$7,000 over the three year period of  
13 probation in quarterly increments from the effective date of this  
14 decision for its investigative and prosecution costs. Failure to  
15 reimburse the Division's cost of its investigation and  
16 prosecution shall constitute a violation of the probation order,  
17 unless the Division agrees in writing to payment by an  
18 installment plan because of financial hardship. The filing of  
19 bankruptcy by the respondent shall not relieve the respondent of  
20 his responsibility to reimburse the Division for its  
21 investigative and prosecution costs.

22

23    /   /   /

24    /   /   /

25    /   /   /

26

27

1                   14. PROBATION COSTS

2                   Respondent shall pay the costs associated with  
3 probation monitoring each and every year of probation, which are  
4 currently set at \$2,304, but may be adjusted on an annual basis.  
5 Such costs shall be payable to the Division of Medical Quality  
6 and designated probation surveillance monitor at the beginning of  
7 each calendar year. Failure to pay costs within 30 days of the  
8 due date shall constitute a violation of probation.

9  
10                   15. LICENSE SURRENDER

11                   Following the effective date of this decision, if  
12 respondent ceases practicing due to retirement, health reasons or  
13 is otherwise unable to satisfy the terms and conditions of  
14 probation, respondent may voluntarily tender his certificate to  
15 the Board. The Division reserves the right to evaluate the  
16 respondent's request and to exercise its discretion whether to  
17 grant the request, or to take any other action deemed appropriate  
18 and reasonable under the circumstances. Upon formal acceptance  
19 of the tendered license, respondent will no longer be subject to  
20 terms and conditions of probation.

21                                   CONTINGENCY

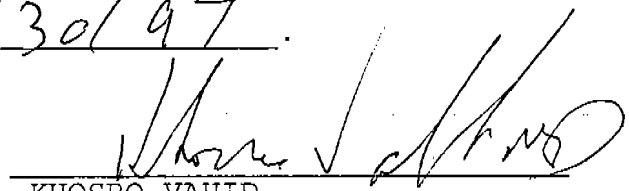
22                   This stipulation shall be subject to the approval of  
23 the Division. Respondent understands and agrees that Board staff  
24 and counsel for complainant may communicate directly with the  
25 Division regarding this stipulation and settlement, without  
26 notice to or participation by respondent or his counsel. If the  
27 Division fails to adopt this stipulation as its Order, the

1 stipulation shall be of no force or effect, it shall be  
2 inadmissible in any legal action between the parties, and the  
3 Division shall not be disqualified from further action in this  
4 matter by virtue of its consideration of this stipulation.

5 ACCEPTANCE


6 I have read the above Stipulated Settlement and  
7 Disciplinary Order. I have fully discussed the terms and  
8 conditions and other matters contained therein with my attorney,  
9 Robert Gans, Esquire. I understand the effect this Stipulated  
10 Settlement and Disciplinary Order will have on my Physician and  
11 Surgeon, and agree to be bound thereby. I enter this stipulation  
12 freely, knowingly, intelligently and voluntarily.

13 DATED: 1/30/97.

14   
15 KHOSRO VAHID  
16 Respondent

17  
18 I have read the above Stipulated Settlement and  
19 Disciplinary Order and approve of it as to form and content. I  
20 have fully discussed the terms and conditions and other matters  
21 therein with respondent Khosro Vahid.

22 DATED: 1/30/97.

23   
24 Robert Gans, Esquire  
25 Attorney for Respondent  
26

27 ENDORSEMENT

## **EXHIBIT A**

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 KAREN B. CHAPPELLE,  
Deputy Attorney General  
3 California Department of Justice  
300 South Spring Street, Suite 5212  
4 Los Angeles, California 90013-1204  
Telephone: (213) 897-8944  
5  
6 Attorneys for Complainant

7  
8 **BEFORE THE**  
9 **DIVISION OF MEDICAL QUALITY**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
12 **STATE OF CALIFORNIA**

13 In the Matter of the Accusation ) Case No. 18-92-16884  
14 Against: )  
15 )  
16 **KHOSRO VAHID, M.D.** ) **ACCUSATION**  
17 185 S. Euclid Ave., Suite #20 )  
18 Pasadena, California 91101 )  
19 )  
20 Physician's and Surgeon's )  
21 Certificate No. A 42627, )  
22 Physician Assistant Supervisor )  
23 Certificate No. SA 22986, )  
24 )  
25 Respondent. )  
26 )  
27 )

18  
19 The Complainant alleges:

20 **PARTIES**

21 1. Complainant, Ron Joseph, is the Executive Director  
22 of the Medical Board of California (hereinafter the "Board") and  
23 brings this accusation solely in his official capacity.

24 2. On or about April 21, 1986, Physician's and  
25 Surgeon's Certificate No. A 42627 was issued by the Board to  
26 Khosro Vahid (hereinafter "respondent"), and at all times  
27 relevant to the charges brought herein, this license has been in

1 full force and effect. Unless renewed, it will expire on  
2 December 31, 1997.

3 3. On or about May 9, 1994, Physician Assistant  
4 Supervisor Certificate No. SA 22986 was issued by the Board to  
5 respondent, and at all times relevant to the charges brought  
6 herein, this license has been in full force and effect. Unless  
7 renewed, it will expire on December 31, 1997.

### 8 JURISDICTION

9 4. This accusation is brought before the Division of  
10 Medical Quality of the Medical Board of California, Department of  
11 Consumer Affairs (hereinafter the "Division"), under the  
12 authority of the following sections of the California Business  
13 and Professions Code (hereinafter "Code"):

14 A. Section 2227 provides that the Board may  
15 revoke, suspend for a period not to exceed one year, or  
16 place on probation, the license of any licensee who has been  
17 found guilty under the Medical Practice Act.

18 B. Section 2234 provides that unprofessional  
19 conduct includes, but is not limited to, the following:

20 "(a) Violating or attempting to violate, directly  
21 or indirectly, or assisting in or abetting the  
22 violation of, or conspiring to violate, any provision  
23 of this chapter.

24 "(b) Gross negligence.

25 "(c) Repeated negligent acts.

26 "(d) Incompetence.

27 "(e) The commission of any act involving

1 dishonesty or corruption which is substantially related  
2 to the qualifications, functions, or duties of a  
3 physician and surgeon.

4 "(f) Any action or conduct which would have  
5 warranted the denial of a certificate."

6 C. Section 651 of the Code provides:

7 "(a) It is unlawful for any person licensed under  
8 this division or under any initiative act referred to  
9 in this division to disseminate or cause to be  
10 disseminated, any form of public communication  
11 containing a false, fraudulent, misleading, or  
12 deceptive statement or claim, for the purpose of or  
13 likely to induce, directly or indirectly, the rendering  
14 of professional services . . . .

15 "(b) A false, fraudulent, misleading, or deceptive  
16 statement or claim includes a statement or claim which  
17 does any of the following:

18 "(1) Contains a misrepresentation of fact.

19 "(2) Is likely to mislead or deceive because  
20 of a failure to disclose material facts.

21 " . . . .

22 "(4) Relates to fees, other than a standard  
23 consultation fee or a range of fees for specific  
24 types of services, without fully and specifically  
25 disclosing all variables and other material  
26 factors. . . .

27 "(c) Any price advertisement shall be

1 exact . . . . Price advertising shall not be  
2 fraudulent, deceitful, or misleading, including  
3 statements or advertisements of bait, discount,  
4 premiums, gifts, or any statements of a similar nature.

5 " . . . .

6 "(g) Any violation of any provision of this  
7 section by a person so licensed shall constitute good  
8 cause for revocation or suspension of his or her  
9 license or other disciplinary action.

10 ". . . ."

11 D. Section 725 of the Code provides in pertinent  
12 part:

13 "Repeated acts of clearly excessive prescribing or  
14 administering of drugs or treatment, repeated acts of  
15 clearly excessive use of diagnostic procedures, or  
16 repeated acts of clearly excessive use of diagnostic or  
17 treatment facilities as determined by the standard of  
18 the community of licensees is unprofessional conduct  
19 for a physician and surgeon . . . ."

20 E. Section 810 of the Code provides in pertinent  
21 part:

22 "(a) It shall constitute unprofessional conduct  
23 and grounds for disciplinary action, including  
24 suspension or revocation of a license or certificate,  
25 for a health care professional to do any of the  
26 following in connection with his professional  
27 activities:



1                   "(1) Knowingly present or cause to be  
2                   presented any false or fraudulent claim for the  
3                   payment of a loss under a contract of insurance.

4                   "(2) Knowingly prepare, make, or subscribe  
5                   any writing, with intent to present or use the  
6                   same, or to allow it to be presented or used in  
7                   support of any such claim.

8                   "(b) It shall constitute cause for revocation or  
9                   suspension of a license or certificate for a health  
10                  care professional to engage in any conduct prohibited  
11                  under Section 1871.1 or 1871.4 of the Insurance Code.

12                  "(c) As used in this section, health care  
13                  professional means any person licensed or certified  
14                  pursuant to this division . . . ."

15                  F.    Section 2261 of the Code provides:

16                  "Knowingly making or signing any certificate  
17                  or other document directly or indirectly related  
18                  to the practice of medicine or podiatry which  
19                  falsely represents the existence or nonexistence  
20                  of a state of facts, constitutes unprofessional  
21                  conduct."

22                  G.    Section 2262 of the Code provides in  
23                  pertinent part:

24                  "Altering or modifying the medical record of  
25                  any person, with fraudulent intent, or creating  
26                  any false medical record, with fraudulent intent,  
27                  constitutes unprofessional conduct. . . ."

1 H. Section 2273 of the Code provides:

2 "Except as otherwise allowed by law, the  
3 employment of runners, cappers, steerers, or other  
4 persons to procure patients constitutes  
5 unprofessional conduct."

6 I. Section 125.3 provides, in part, that the  
7 Board may request the administrative law judge to direct any  
8 licensee found to have committed a violation or violations  
9 of the licensing act, to pay the Board a sum not to exceed  
10 the reasonable costs of the investigation and enforcement of  
11 the case.

12 **FIRST CAUSE OF ACTION**

13 (Dissemination of Public Communication  
14 Containing False Statements)

15 5. Respondent Khosro Vahid is subject to disciplinary  
16 action under sections 2234, subdivision (e) and 651, subdivisions  
17 (a), (b), (c), and (g), of the Code in that he committed  
18 fraudulent, dishonest, or acts corrupt by disseminating or  
19 causing to be disseminated public communications containing  
20 false, fraudulent, misleading and deceptive statements related to  
21 the cost of physical examinations for the purpose of inducing  
22 patients to seek and receive his services. The circumstances are  
23 as follows:

24 A. Employees of respondent's medical practice,  
25 Comprehensive Medical Clinic, hereinafter, "Comprehensive",  
26 located in Pasadena, California, placed telephone calls to  
27 prospective consumers of medical services, offering medical

1 examinations at Comprehensive at no cost to them.

2 C. In January or February 1991, patient D.H.<sup>1/</sup>  
3 was solicited by telephone to make an appointment at  
4 Comprehensive, for a physical examination, and was informed  
5 by the telephone solicitor that the examination would be  
6 free if she had medical insurance. The telephone solicitor  
7 took all of the patient's insurance information before  
8 scheduling the examination.

9 D. Patient D.H. responded to this solicitation  
10 and underwent a physical examination with respondent at  
11 Comprehensive in February 1991. Per her medical records,  
12 patient D.H. was seen about six additional times between  
13 April 1991 and July 1992.

14 E. Respondent then billed the patient's  
15 insurance company for services exceeding the examination  
16 solicited without having disclosed to the patient beforehand  
17 that such services would be rendered and charged. Her  
18 insurance company, Prudential Financial Group, was billed  
19 approximately \$5,278.00 for 60 procedures.

20 **SECOND CAUSE OF ACTION**

21 (Excessive Use of Diagnostic Procedures - D.H.)

22 6. Respondent is subject to disciplinary action under  
23 section 725 of the Code for engaging in unprofessional conduct by  
24 committing acts of clearly excessive use of diagnostic procedures  
25

---

26 1. All patient references in this pleading are by  
27 initials only. The true name of the patient shall be revealed to  
respondent upon his request for discovery pursuant to Government  
Code section 11507.6.

1 in the treatment of patient D.H. The circumstances are as  
2 follows:

3 A. In February 1991, patient D.H., a healthy 20  
4 year-old female who had responded to a telephone  
5 solicitation, visited respondent's place of practice,  
6 Comprehensive Medical Clinic, located at 185 S. Euclid,  
7 Pasadena, to obtain a free routine physical examination.

8 B. Respondent diagnosed and charted conditions  
9 which did not exist, such as ischemic chest disease, r/o  
10 UTI, peripheral vascular disease, varicose veins, a history  
11 of leg cramps, cold hands and feet, and irregular  
12 menstruation with heavy bleeding. Patient D.H. did not  
13 check any cardiovascular symptoms on her history form and  
14 the only gastrointestinal symptoms she checked were  
15 heartburn and hemorrhoids. Patient D.H. had no chest pain  
16 or abdominal pain. There were no complaints, symptoms,  
17 examination findings or prior history to support  
18 respondent's diagnoses.

19 C. Respondent subjected patient D.H. to  
20 excessive, unnecessary and inappropriate testing and  
21 diagnostic procedures including an abdominal ultrasound,  
22 pelvic ultrasound, renal ultrasound, allergy panel,  
23 electrocardiogram, stress test, echocardiogram, carotid  
24 artery studies, peripheral arterial studies of both the arms  
25 and legs, venous studies, chest and hand x-rays, extensive  
26 blood studies, Doppler blood test, pulmonary function  
27 testing and urinalysis. On a subsequent visit, respondent

1 ordered tests including CXR and CT of the head. Patient  
2 D.H. was referred by respondent for treatment of back aches  
3 although she had no current or prior injury. The patient  
4 went for back treatment about three or four times, although  
5 her insurance company was billed for additional visits.  
6 Respondent also wanted the patient to have a mammogram even  
7 though she had no problems with her breasts and did not have  
8 a family history of breast cancer. The patient declined to  
9 have the mammogram.

10 D. The billing records from Prudential Financial  
11 Group indicate that patient D.H. was billed a total of  
12 \$5,278.00 for 60 procedures between February 1991 and July  
13 1992.

### 14 THIRD CAUSE OF ACTION

15 (Excessive Use of Diagnostic Procedures - C.W.)

16 7. Respondent is subject to disciplinary action under  
17 section 725 of the Code for engaging in unprofessional conduct by  
18 committing acts of clearly excessive use of diagnostic procedures  
19 in the treatment of patient C.W. The circumstances are as  
20 follows:

21 A. Patient C.W. was referred to Comprehensive by  
22 patient D.H. Patient C.W. made an appointment for a pap  
23 smear. When she made her appointment, the patient was told  
24 by the receptionist that the cost would be a flat fee of  
25 \$25.00 for the first visit and they would then accept as  
26 payment in full whatever amount her insurance paid.

27 B. Patient C.W. went to Comprehensive Medical

1 Clinic, located at 185 S. Euclid, in Pasadena, on April 11,  
2 1991, and was seen by respondent for a physical examination.

3 C. Respondent diagnosed and charted conditions  
4 which did not exist, such as history of colitis, kidney  
5 problems, and vaginitis.

6 D. Respondent subjected patient C.W. to  
7 excessive, unnecessary and inappropriate testing and  
8 diagnostic procedures including a complete blood test, a  
9 KUP, chest x-rays, electrocardiogram, echocardiogram, renal  
10 ultrasound, pelvic ultrasound, abdominal ultrasound, carotid  
11 ultrasound, doppler, quantitative venous flow study,  
12 cardiovascular stress test and urinalysis. On her second  
13 visit, on April 16, 1991, respondent further subjected  
14 patient C.W. to another blood and urine sample and a uterine  
15 sonogram. When the patient questioned respondent regarding  
16 the necessity of such tests, respondent replied that some of  
17 the test results were "unclear" and would need to be  
18 repeated to make sure nothing was wrong. No reason was  
19 given for the sonogram. At a third and final visit, at a  
20 different location, patient C.W. had a mammogram which was  
21 ordered by respondent.

22 E. The billing records from Prudential Financial  
23 Group indicate that the C.W.'s insurance carrier was billed  
24 a total of \$4808.00 for 46 procedures over six service dates  
25 beginning April 11 and ending May 16, 1991. However,  
26 patient C.W. had only three, not six, medical appointments  
27 with respondent at respondent's clinic.



### SEVENTH CAUSE OF ACTION

(Incompetence - D.H.)

11. Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code for committing acts of incompetence in that he excessively used diagnostic procedures in the treatment of patient D.H. The circumstances are set forth fully in paragraph 6 above, and are incorporated herein by reference.

### EIGHTH CAUSE OF ACTION

(Incompetence - C.W.)

12. Respondent is subject to disciplinary action under section 2234, subdivision (d) of the Code for committing acts of incompetence in that he excessively used diagnostic procedures in the treatment of patient C.W. The circumstances are set forth fully in paragraph 7 above, and are incorporated herein by reference.

## NINTH CAUSE OF ACTION

(Dishonesty - D.H.)

13. Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code for committing acts of dishonesty in that he excessively used diagnostic procedures in the treatment of patient D.H. The circumstances are set forth fully in paragraph 6 above, and are incorporated herein by reference.

### **TENTH CAUSE OF ACTION**

(Dishonesty - C.W.)

14. Respondent is subject to disciplinary action under



1 section 2234, subdivision (e) of the Code for committing acts of  
2 dishonesty in that he excessively used diagnostic procedures in  
3 the treatment of patient C.W. The circumstances are set forth  
4 fully in paragraph 7 above, and are incorporated herein by  
5 reference.

6 **ELEVENTH CAUSE OF ACTION**

7 (False Insurance Claims - D.H.)

8 15. Respondent is subject to disciplinary action under  
9 810 of the Code for Knowingly presenting false and fraudulent  
10 claims for payment of a loss under an insurance contract and for  
11 knowingly preparing writings in support of such claims. The  
12 circumstances are set forth fully in paragraphs 6 and 8 above,  
13 and are incorporated herein by reference.

14 **TWELFTH CAUSE OF ACTION**

15 (False Insurance Claims - C.W.)

16 16. Respondent is subject to disciplinary action under  
17 section 810 of the Code for knowingly presenting false and  
18 fraudulent claims for payment of a loss under an insurance  
19 contract and for knowingly preparing writings in support of such  
20 claims. The circumstances are set forth fully in paragraph 7  
21 above, and are incorporated herein by reference.

22 **THIRTEENTH CAUSE OF ACTION**

23 (Signing Document Which Falsely Represents Facts - D.H.)

24 17. Respondent is subject to disciplinary action under  
25 section 2261 of the Code for knowingly making or signing a  
26 document which falsely represents the existence of a state of  
27 facts. The circumstances are set forth fully in paragraphs 6

1 and 8 above, and are incorporated herein by reference.

2 **FOURTEENTH CAUSE OF ACTION**

3 (Signing Document Which Falsely Represents Facts - C.W.)

4 18. Respondent is subject to disciplinary action under  
5 2261 of the Code for knowingly making or signing a document which  
6 falsely represents the existence of a state of facts. The  
7 circumstances are set forth fully in paragraph 7 above, and are  
8 incorporated herein by reference.

9 **FIFTEENTH CAUSE OF ACTION**

10 (Creating a False Medical Record - D.H.)

11 19. Respondent is subject to disciplinary action under  
12 section 2262 of the Code for creating a false medical record with  
13 fraudulent intent. The circumstances are set forth fully in  
14 paragraphs 6 and 8 above, and are incorporated herein by  
15 reference.

16 **SIXTEENTH CAUSE OF ACTION**

17 (Creating a False Medical Record - C.W.)

18 20. Respondent is subject to disciplinary action under  
19 2262 of the Code for creating a false medical record with  
20 fraudulent intent. The circumstances are set forth fully in  
21 paragraph 7 above, and are incorporated herein by reference.

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1 PRAYER

2 **WHEREFORE**, the complainant requests that a hearing be  
3 held on the matters herein alleged, and that following the  
4 hearing, the Division issue a decision:

5 1. Revoking or suspending Physician's and Surgeon's  
6 Certificate No. A 42627, heretofore issued to respondent Khosro  
7 Vahid, M.D.;

8 2. Revoking or suspending Physician Assistant  
9 Supervisor Certificate No. SA 22986, heretofore issued to  
10 respondent Khosro Vahid, M.D.;

11 3. Ordering respondent to pay the Division the actual  
12 and reasonable costs of the investigation and enforcement of this  
13 case; and,

14 4. Taking such other and further action as the  
15 Division deems necessary and proper.

16 DATED: July 31, 1996.

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19 \_\_\_\_\_  
20 Ron Joseph  
21 Executive Director  
22 Medical Board of California  
23 Department of Consumer Affairs  
24 State of California

25 Complainant  
26  
27

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7/25/96